

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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FPCA

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Amaral	Annelle	Claire	589-1156 ext. 224
MAILING ADDRESS (Street)			FAX
1350 S. King Street #309			589-1404
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Planned Parenthood of Hawaii			589-1156
MAILING ADDRESS (Street)			FAX
1350 S. King St. #309			589-1404
(City)	(State)	(Zip Code)	
Honolulu	Hawai'i	96814	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Planned Parenthood of Hawai'i	589-1156	
MAILING ADDRESS (Street)	FAX	
1350 S. King Street #309	589-1404	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Lanny Hughes	589-1156 ext. 241	
MAILING ADDRESS (Street)	FAX	
see above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

12/29/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Barry Raff	Chief Executive Officer

NAME OF ORGANIZATION (if applicable)

Planned Parenthood of Hawai'i

TELEPHONE

589-1156 ext. 223

MAILING ADDRESS (Street)

1350 S. King Street #309

FAX

589-1404

(City)

(State)

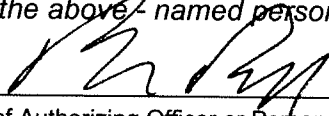
(Zip Code)

Honolulu

Hawai'i

96814

I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

12/29/06

(Date)